



Giving Every Child A Chance

To: The Honorable Joseph Vitale, Chair  
Members, Senate Health, Human Services and Senior Citizens Committee

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**RE: Testimony in Support of S-690**

Advocates for Children of New Jersey (ACNJ) appreciate the opportunity to provide comments on S-690, which will provide New Jersey mothers and/or caregivers with access to one home visit after the birth of a child with a qualified health care professional. Establishing a statewide universal home visiting program for families bringing home a new baby was one of the key goals in ACNJ's 2020 *Unlocking Potential* plan. Developed in collaboration with New Jersey infancy and early childhood state leaders and experts, the *Unlocking Potential* plan recommends access to essential supports at the beginning of a child's life as a foundational and effective approach to eliminating disparities that can negatively impact children, families, and communities. Incorporating an infrastructure that includes population-wide systems such as the one proposed in this legislation is the beginning of a pathway forward that connects every caregiver and child to the healthy future that they deserve.

Regardless of income, geography or race, the birth of a child is a big change for any family. While support through such a change remains as important as ever, particularly in the first weeks after a child is born, the era of consistent and protracted assistance from immediate and/or extended family members is no longer an option for many families. Our families have changed, replaced with smaller, nuclear families, single parents and many moving long distances for major milestones, such as new jobs. While the needs of each family differ, most report that they welcome support as they move through this transition.

Although New Jersey's current system of voluntary evidence-based home visiting programs provides vital family support, child development and health related services to eligible families, it is not universal and only serves about 2 percent of families with children ages 0-3. This percentage is so low not just because of a lack of capacity and resource constraints, but



because the current policy limits eligibility. The need for support after the birth of a child extends far beyond just 2 percent.

The bill will begin to address this need by supporting every family with a new baby through one home visit by a qualified health care provider within a few weeks after the baby's birth in order to:

- Assess the health of both the newborn and the mother and/or caregiver;
- Assess any potential health concerns and developmental delays for the newborn and potential post-partum depression of the mother/caregiver; and
- Provide information to the mother/caregiver on parenting knowledge, parent/child interaction and involvement.

These one-time home visits are not a replacement for existing programs that provide more comprehensive supports but rather will complement those models, providing the missing link that can assess each family's needs, provide referrals to services that best address any identified needs, assure no duplication of services and improve data collection from the start. A program like the one proposed in S690 will help identify what all families of newborns need and want from local resources and provide individualized, non-stigmatizing referrals to a variety of supports, including the more intensive home visiting programs, if necessary.

This strength-based approach to supporting all families will address the period-of-time between the birth of the newborn and the mother's first visit to the obstetrician at six weeks. Such a proactive approach to supporting new families will reduce potential maternal and infant issues that may arise during this extended period.

Lastly, this bill is also aligned with the First Lady Tammy Murphy's recently-released policy initiative, *Nurture NJ*, which will work towards reducing maternal and infant mortality and morbidity and ensure equity in care and outcomes for mothers and infants of all ethnic groups.

While ACNJ strongly supports this strength-based bill, the following are recommendations that we believe will make the bill stronger:

1. Include "caregiver" in the definition of who can benefit from the program: As birth mothers are not exclusively the responsibility of all newborns, the definition of who can benefit from the program should be expanded to include "caregivers" so that surrogate



parents and other family members primarily responsible for an infant can benefit from the home visit.

2. Extend the time period for the home visit to take place to 3 weeks: Currently the bill states, that a “Postpartum home visit” means a home visit to a parent and infant, within the first two weeks following delivery. The goal of such a visit is not only to assess the health and welfare of both baby and caregiver, but to provide connections to services, should they be necessary. Two weeks may not be enough time for such needs to be identified. This will also allow for baby’s with health concerns that may need to stay in the hospital longer, thus delaying discharge. Moreover, a nurse home visit within 3 weeks of the baby’s delivery is aligned with a May 2018 Committee Opinion of the American College of Obstetrics and Gynecology (ACOG) which recommended that all women have contact with their OB/GYN or other obstetric care provider within the first three weeks after the birth of the child. Extending the ACNJ recommends that the bill language be changed to state that the home visits take place “within three weeks following delivery.”
3. Identify the goals of the home visit: Besides describing the assessments that will take place, the bill should also include the visit’s goals, which are to focus on improved outcomes in one or more of the following domains: (A) Child health; (B) Child development and school readiness; (C) Family economic self-sufficiency; (D) Maternal health; and (E) Positive parenting.
4. Adopt a home visiting program model that is evidence-based: To ensure the services provided are of high quality, ACNJ recommends that the model used for the purposes of this legislation be based on criteria established by the United States Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model that has been rigorously researched.

Providing this much-needed support to new families is not only a preventative step towards ensuring that both baby and caregiver are healthy and on the right-track but provides a pathway to these new families for additional supports, should they be necessary.